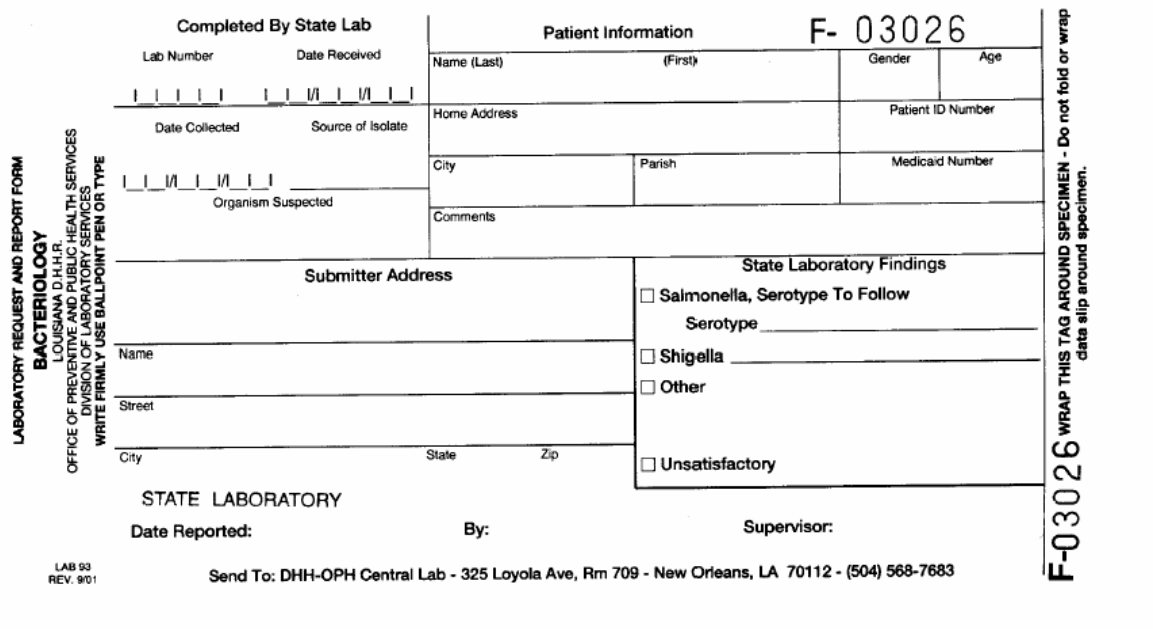
APPENDIX 1 – LAB FORM 93 (BACTERIOLOGY LAB FORM)



LABORATORY REQUEST AND REPORT FORM
BACTERIOLOGY
LOUISIANA D.H.H.R.
OFFICE OF PREVENTIVE AND PUBLIC HEALTH SERVICES
DIVISION OF LABORATORY SERVICES
WRITE FIRMLY USE BALLPOINT PEN OR TYPE

Completed By State Lab

Lab Number | | | | | | Date Received | | /| | /| | |

Date Collected | | /| | /| | | Source of Isolate

Organism Suspected

Patient Information F- 03026

Name (Last) (First) Gender Age

Home Address Patient ID Number

City Parish Medicaid Number

Comments

Submitter Address

Name

Street

City State Zip

State Laboratory Findings

☐ Salmonella, Serotype To Follow

Serotype

☐ Shigella

☐ Other

☐ Unsatisfactory

STATE LABORATORY

Date Reported: By: Supervisor:

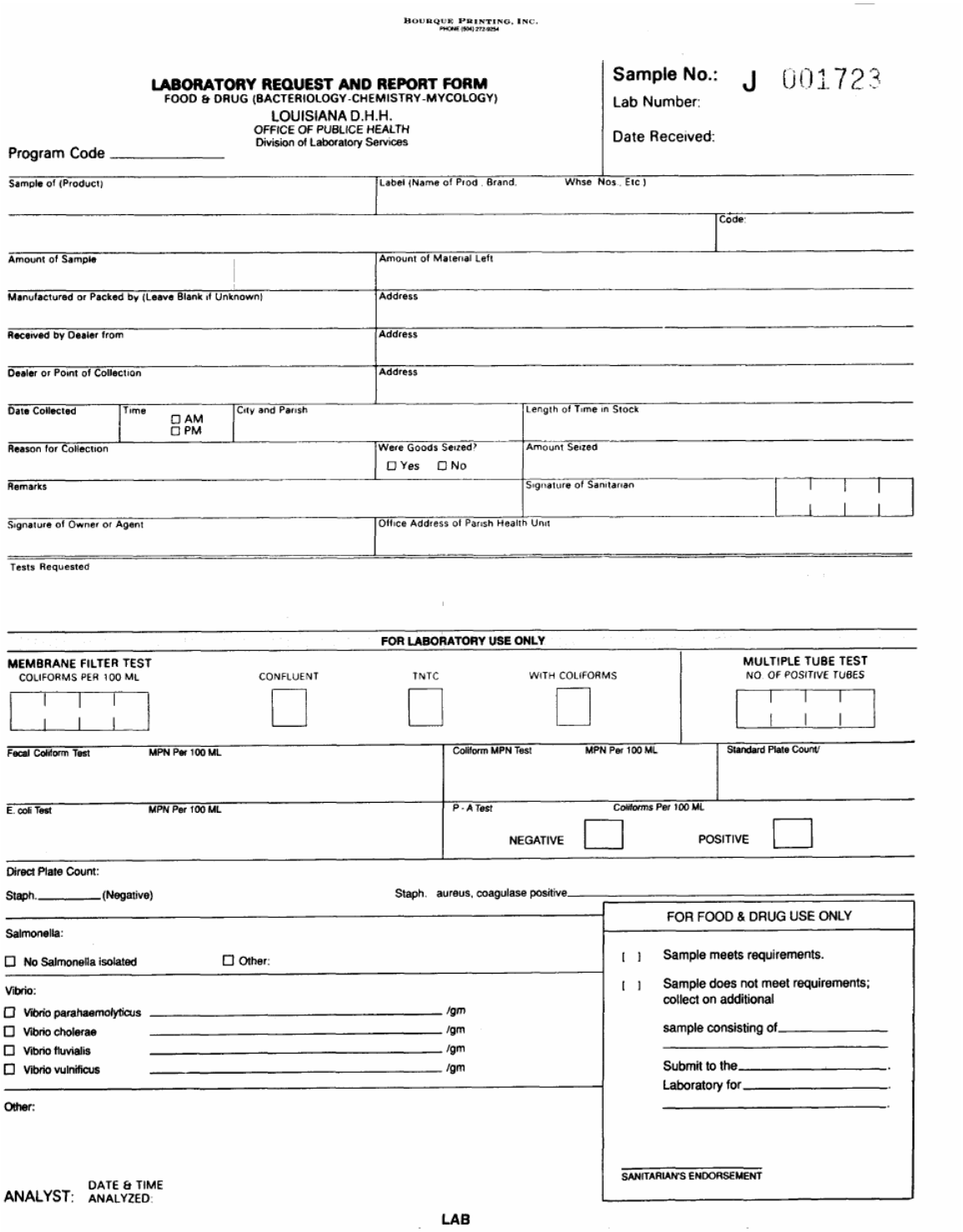
LAB 93
REV. 9/01

Send To: DHH-OPH Central Lab - 325 Loyola Ave, Rm 709 - New Orleans, LA 70112 - (504) 568-7683

F-03026 WRAP THIS TAG AROUND SPECIMEN - Do not fold or wrap data slip around specimen.

SAMPLE FORM

APPENDIX 2 – LAB FORM 47 (FOOD AND DRUG FORM)



BOURQUE PRINTING, INC.
PHONE (504) 272-9254

LABORATORY REQUEST AND REPORT FORM
FOOD & DRUG (BACTERIOLOGY-CHEMISTRY-MYCOLOGY)
LOUISIANA D.H.H.
OFFICE OF PUBLICE HEALTH
Division of Laboratory Services

Program Code _____

Sample No.: J 001723
Lab Number:
Date Received:

Sample of (Product) | Label (Name of Prod., Brand, Whse. Nos., Etc.) | Code:

Amount of Sample | Amount of Material Left

Manufactured or Packed by (Leave Blank if Unknown) | Address

Received by Dealer from | Address

Dealer or Point of Collection | Address

Date Collected | Time ☐ AM ☐ PM | City and Parish | Length of Time in Stock

Reason for Collection | Were Goods Seized? ☐ Yes ☐ No | Amount Seized

Remarks | Signature of Sanitarian

Signature of Owner or Agent | Office Address of Parish Health Unit

Tests Requested

FOR LABORATORY USE ONLY

MEMBRANE FILTER TEST
COLIFORMS PER 100 ML | CONFLUENT | TNTC | WITH COLIFORMS

MULTIPLE TUBE TEST
NO. OF POSITIVE TUBES

Fecal Coliform Test MPN Per 100 ML | Coliform MPN Test MPN Per 100 ML | Standard Plate Count/

E. coli Test MPN Per 100 ML | P - A Test Coliforms Per 100 ML
NEGATIVE ☐ POSITIVE ☐

Direct Plate Count:

Staph._____(Negative) Staph. aureus, coagulase positive_____

Salmonella:

☐ No Salmonella isolated ☐ Other:

Vibrio:

☐ Vibrio parahaemolyticus _____ /gm
☐ Vibrio cholerae _____ /gm
☐ Vibrio fluvialis _____ /gm
☐ Vibrio vulnificus _____ /gm

Other:

ANALYST: DATE & TIME ANALYZED:

LAB

FOR FOOD & DRUG USE ONLY

[ ] Sample meets requirements.

[ ] Sample does not meet requirements; collect on additional sample consisting of_____

Submit to the_____.
Laboratory for_____.

SANITARIAN'S ENDORSEMENT

SAMPLE FORM

APPENDIX 3 – LAB FORM 96 (IMMUNOLOGY LAB FORM)

LAB 96 (R 2/96)

LAB REQUEST & REPORT FORM

IMMUNOLOGY

WRITE FIRMLY - USE BALL POINT PEN OR TYPE

LOUISIANA D.H.H.
OFFICE OF PUBLIC HEALTH
DIVISION OF LABORATORY SERVICES

I 68935

LAB NO. AND DATE RECEIVED

Name (Last) (First) Sex Age

Address City Parish State

TESTING LAB NO.

OPH ID Clinic REP. CAT. #

PLEASE CALL THE LAB IF YOU HAVE ANY QUESTIONS.

MEDICAID # SSN

SPECIMEN ☐ HUMAN ☐ ANIMAL

☐ ACUTE ☐ CONVALESCENT ☐ FOLLOW-UP ☐ PRENATAL

☐ MOTHER ☐ CHILD SUBMIT ONE DATA SLIP PER SPECIMEN.

SEND REPORT TO

SUBMIT A SERUM OR RED TOP TUBE ONLY

HISTORY

DATE OF ONSET _____ DATE COLLECTED _____

ACUTE SERUM: (S-1) _____ CONV. SERUM (S-2) _____

CLINICAL DIAGNOSIS: _____

☐ RESPIRATORY PANEL

- ☐ RSV ABY
- ☐ ADENOVIRUS ABY
- ☐ MYCO PNEUMONIAE ABY
- ☐ INF A ABY
- ☐ INF B ABY
- ☐ PARA INF 1 ABY
- ☐ PARA INF 2 ABY
- ☐ PARA INF 3 ABY

☐ HERPES PANEL

- ☐ ☐ HERPES I IgG
  ☐ HERPES II IgG
- ☐ ☐ HE GP IgG
  ☐ HE GP IgM

☐ RICKETTSIA PANEL

- ☐ RICK PANEL IgG
- ☐ RICK PANEL IgM
- ☐ TYPHUS GP ABY
- ☐ R TYPHI IgG ABY
- ☐ R TYPHI IgM ABY
- ☐ R RICKETTSII IgG ABY
- ☐ R RICKETTSII IgM ABY
- ☐ Q FEVER PHASE 1 IgG
- ☐ Q FEVER PHASE 1 IgM
- ☐ Q FEVER PHASE 2 IgG
- ☐ Q FEVER PHASE 2 IgM

☐ LYMES DISEASE PANEL

- ☐ LYMES TOTAL ABY
- ☐ LYMES IgG ABY
- ☐ LYMES IgM ABY

☐ TORCH PANEL

- ☐ TORCH PANEL IgG
- ☐ TORCH PANEL IgM
- ☐ TOXO IgG _____
- ☐ TOXO IgM _____
- ☐ RUBELLA IgG _____
- ☐ RUBELLA IgM _____
- ☐ CMV IgG _____
- ☐ CMV IgM _____
- ☐ HERPES GR IgG _____
- ☐ HERPES GR IgM _____

☐ EXANTHEM PANEL

- ☐ EXANTHEM PANEL IgG
- ☐ EXANTHEM PANEL IgM
- ☐ RUBELLA IgG
- ☐ RUBELLA IgM
- ☐ MEASLES IgG
- ☐ MEASLES IgM
- ☐ VARICELLA IgG
- ☐ VARICELLA IgM

☐ CDC NEEDS HISTORY

- ☐ CDC _____

☐ ARBOVIRUS PANEL

- ☐ ARBOVIRUS PANEL IgG
- ☐ ARBOVIRUS PANEL IgM
- ☐ ST. LOUIS ENCEPH IgG
- ☐ ST. LOUIS ENCEPH IgM
- ☐ EASTERN ENCEPH IgG
- ☐ EASTERN ENCEPH IgM
- ☐ WEE ENCEPH IgG
- ☐ WEE ENCEPH IgM
- ☐ CALIF ENCEPH IgG
- ☐ CALIF ENCEPH IgM
- ☐ DENGUE ABY

☐ MISC. ASSAYS

- ☐ B. PERTUSSIS
- ☐ B. PARAPERTUSSIS
- ☐ LEPTOSPIRAL ABY
- ☐ MUMPS ABY
- ☐ POLIO VIRUS IgG ABY (GP 1, 2, 3)
- ☐ CHLAMYDIA ABY
- ☐ LEGIONELLA GP ABY
- ☐ HCG
- ☐ OTHER _____

UNSATISFACTORY _____

DATE/TECH _____

DATE/SUP _____

PLEASE CHECK BOX FOR SINGLE TEST OR PANEL PROFILE NEEDED.

SUBMITTER'S COPY

SAMPLE FORM